P-MARCH-P OVERVIEW

TERMINAL LEARNING OBJECTIVE

LEARN and DEMONSTRATE the PMARCHP algorithm, and be able to implement it in a simulated battlefield setting

ENABLING LEARNING OBJECTIVES

- **LIST** each step of PMARCHP
- **IDENTIFY** where specific medical interventions fit into PMARCHP
- **DEMONSTRATE** PMARCHP on a simulated casualty

WHAT IS PMARCHP?

- Combat medicine algorithm
- Used to effectively treat battlefield casualties to prevent missing vital medical interventions
- Can be tailored to any environment and casualty
- Framework for **ALL** TCCC interventions

PMARCHP

- Patient/Provider Safety
- Massive Hemorrhage
- Airway
- Respirations
- Circulation
- Head Trauma/Hypothermia
- Pain Management

PATIENT/PROVIDER SAFETY

1. Is the scene safe?
2. Fire superiority
3. Can patient provide self aid/move to cover?
4. Protect casualty from further injury
5. Move casualty to Casualty Collection Point (CCP)

MASSIVE HEMORRHAGE

- Only step done on the “X” (point of injury?)
- Stop massive bleeding
- Tourniquets
- Perform blood sweeps after PT has been moved off the “X” (Big pipes, little pipes down to the joints)

AIRWAY MANAGEMENT

- Check level of consciousness (LOC)
- Check carotid (Dead check)
- If patient is unresponsive, Look, Listen, Feel (LLF)
- Check for lacerations, obstructions broken bones, blood, and swelling (LOBBS)
- Clear obstructions. NEVER BLIND SWEEP
- Open airway with head tilt chin lift or jaw thrust
- If still not breathing, readjust a second time and LLF
- Breathing? = nasopharyngeal airway
- If STILL not breathing, consider cricothyrotomy

RESPIRATIONS

- Remove all gear and fully expose patient
- Inspect, Auscultate, and Palpate
- “Tiger Claw”
- Occlusive dressings to all sucking chest wounds
- Perform needle thoracentesis if applicable
- Reassess breathing after interventions

CIRCULATION

- Big pipes, little pipes, treat as you go
- Secondary sweep
- Feel for Deformities, Contusions, Abrasions Penetrations, Burns, Tenderness, Lacerations, Swelling, and Crepitus (DCAP-BTLS+C)
- Chest examination: Clavicles, Sternum, Ribcage
- Abdominal examination: Tenderness, Rigidity, Distension, Swelling (TRDS)
- Pelvic examination (Look for facial grimace)
- Groin examination: Credit card swipe
- Bilateral radial pulses
- Fluid consideration IV/IO

HEAD TRAUMA/ HYPOTHERMIA

- DCAPBTLS of scalp, skull, and facial bones
- Assess eyes: Pupils Equal, Round, Reactive to Light and Accommodation. Extraocular Movements Intact, and Raccoon Eyes (PERRLA, EOMI)
- Assess ears :Blood, Cerebral Spinal Fluid, and Battle signs (CSF)
- Assess nose: Blood, CSF, Fractures
- Assess mouth for LOBBS
- **HYPOTHERMIA**
- Minimize exposure to the elements
- Use specialized warming blankets or improvise
- Replace PPE (Keeping in mind the casualties' injuries)

PAIN MANAGEMENT

- Consider pain management and it’s effects on the patient’s ability to move/fight
- Morphine/Fentanyl/Ketamine/Pill Pack
- Keep contraindications in mind
  - Unconscious
  - Allergic
  - Hypovolemic Shock
  - Traumatic brain injury
  - Respiratory Distress

Time Hacks for Each Step

- It is critical that each intervention is accomplished in a timely manner
- There are certain interventions that if preformed poorly or missed, will result in failure
- There are two major time sensitive interventions
  - You must have control of major hemorrhage in under 2:30
  - You must have a definitive airway in under 6:30
  - Failure to accomplish these interventions in a timely manner in a real world situation would kill your patient
- During the FINEX, your time starts once you've made the scene safe and physically touch your casualty

Summary and Review

- What intervention(s) are used in each step of PMARCHP?
- What's your goal time?
- **Remember that practice makes perfect**

Questions?